

Newton County Juvenile Drug Court Parent/Guardian Exit Interview

**You can improve Juvenile Drug Court by answering these questions.
Your honesty is appreciated.**

Your Name: _____ Date: _____

Your Child's Name: _____

Is your child still in school? Yes No Name of School: _____

Did your child live with you while in Drug Court? (If Not, then where) Yes No

1. How was your Drug Court experience?

2. Overall, how would you rate this program for your child? (Please explain your answer)

Very Bad Bad Okay Good Very Good

3. How useful was it for your child to go before the judge for progress reports?

(Please explain your answer)

Very Bad Bad Okay Good Very Good

4. How useful was the substance abuse treatment your child received? (Please explain your answer)

Very Bad Bad Okay Good Very Good

5. Which of the following did you participate in with your child? (Check all that apply)
 Court NA/AA Meetings Multi-family Groups Other treatment: _____

6. What do you like best about the Drug Court Program?

1.

2.

7. What do you like least about the Drug Court Program?

1.

2.

8. How is your child doing?

9. How are you doing?

Since starting Drug Court: (circle on number for each item below)	Worse(overall things are not as good as before Drug Court)		No Change (really about the same as) before Drug Court	Improved(things have been better since Drug Court)	
Family relations have	1	2	3	4	5
Attendance at school has	1	2	3	4	5
Grades at school have	1	2	3	4	5
Relationships with friends have	1	2	3	4	5
Drug/alcohol use has	1	2	3	4	5